

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Gillibrand for Senate

Full Name (Last, First, Middle Initial)

**A. Allstate**

Mailing Address PO Box 3575

City Akron State OH Zip Code 44309-3575

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2010

Amount of Each Disbursement this Period

111.70

Transaction ID : D342238

001  
Category/  
Type

**B. American Express Merchant Account**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2010

Amount of Each Disbursement this Period

5778.07

Transaction ID : D423222

001  
Category/  
Type

**C. American Express Merchant Account**

Mailing Address PO Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2010

Amount of Each Disbursement this Period

2382.50

Transaction ID : D423223

001  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

8272.27